



CITY OF WOODSTOCK

Conditional Use Permit Application

Important Notes:

1. Please check all information supplied on the following pages to ensure that all spaces are filled out accurately before signing this form.
2. All documents required as part of the application package shall be submitted at the same time as the application. Incomplete application packages WILL NOT BE ACCEPTED.
3. Please contact the Zoning Administrator at 770.592.6050 ext 1 if you have any questions regarding the application package, the application or the process.

Contact Person: Kyle Standridge Phone: 404-354-5953

Applicant's Information:

Name: Cherokee Funeral Home L.L.C.
Address: 121 Claremore Dr. Phone: 770-293-2757
City, State Zip: Woodstock GA 30188 Fax: 770-293-2755

Property Owner's Information:

☒ same as above

Name: _____
Address: _____ Phone: _____
City, State Zip: _____ Fax: _____

Property Information:

Location: 121 Claremore Dr.
Parcel Identification Number(s) (PIN): 15-1177-0017 Total Acreage: 3.003 AC.
Zoning Classification: GC
Conditional Use Request: _____

OFFICE USE ONLY:

Case: CUP#004-12
Fee Paid: \$300.00
Date: 1.30.12

HEARING SCHEDULE:

Planning Commission: March 6, 2012 7PM
City Council: March 26, 2012 7PM
Other: DPC February 8, 2012

Chambers
at
City Ctr.

Authorization:

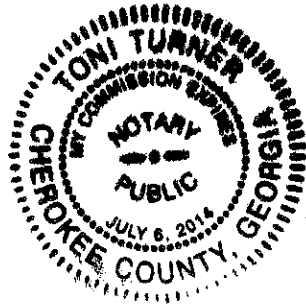
Upon receipt of the completed application package, the Zoning Administrator shall notify the applicant of scheduled dates, times and locations of required meetings and public hearings. The applicant or a representative must be present to answer any questions that may be asked. In the event that an application is not complete, the request may be delayed or postponed at the discretion of the Zoning Administrator.

This form is to be executed under oath. I, Kyle Standridge, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Conditional Use Permit is true and correct and contains no misleading information.

This 26 day of January, 20 12
Signed: [Signature]

Sworn to and Subscribed before me this: 26 day of January, 20 12.
Notary Signature: [Signature]

(Notary Seal)



Conflict of Interest Certification

The undersigned below, making application for a zone change has complied with O.C.G.A § 36-67A, et. Seq., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on the forms provided. Title 36 relates to the disclosure of financial interests, campaign contributions and penalties for violating O.C.G.A.

Signature of Applicant: Kyle [Signature]

Date: 1-26-12

Print Name: _____

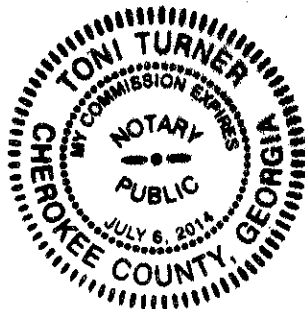
Signature of Applicant's Attorney: _____ Date: _____

Print Name: _____

Sworn to and Subscribed before me this: 26 day of JANUARY, 20 12.

Notary Signature: [Signature]

(Notary Seal)



Disclosure Statement

Nothing in Chapter 36 of O.C.G.A. shall be construed to prohibit a local government official from voting on a zoning decision when the local government is adopting a zoning ordinance for the first time or when a local government is voting upon a revision of the zoning ordinance initiated by the local government pursuant to a comprehensive plan as defined in Chapter 70 of this title.



No, I have not made any campaign contribution to City Officials voting on this application exceeding \$250 in the past two (2) years.



Yes, I have made campaign contributions to City Officials voting on this application exceeding \$250 in the past two (2) years.

To Whom: _____

Value: _____

Date: _____

Signature of Applicant: _____

Date: 1-26-12

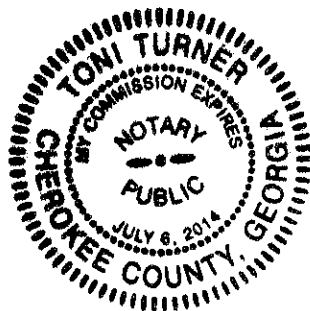
Print Name: _____

Kyle Stoddridge

Sworn to and Subscribed before me this: 26 day of January, 20 12.

Notary Signature: Toni Turner

(Notary Seal)



Authorization of Property Owner

I, Kyle Standridge, being duly sworn upon his/her oath, being of sound mind and legal age deposes and states; that he/she is the owner of the property which is subject matter of the attached application, as is shown in the records of Cherokee County/City of Woodstock, Georgia.

He/She authorizes the person named below to act as applicant in the pursuit of a request for a Conditional Use Permit for the purposes named in the application.

I hereby authorize the staff of the City of Woodstock to inspect the premises which are subject of this application.

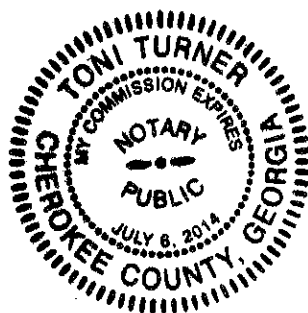
Applicant's Information:

Name: Cherokee Funeral Home LLC
Address: 121 Claremore Dr. Phone: 770-293-2757
City, State Zip: Woodstock GA 30188 Fax: 770-293-2755

Signature of Owner: Kyle Standridge Date: 1-26-12
Print Name: Kyle Standridge

Sworn to and Subscribed before me this: 26th day of January, 20 12.
Notary Signature: Joni Turner

(Notary Seal)



Property Tax Verification

The undersigned is authorized to make this application. The undersigned certifies that all City of Woodstock and Cherokee County property taxes billed to this date for the parcel listed below have been paid in full to the tax officials of the City of Woodstock and Cherokee County. In no case shall an application or reapplication for a zoning action be processed without such property verification.

NOTE: A separate verification form must be completed for each tax parcel included in the request.

Tax Parcel Number: 15N24P 103U

Signature of Applicant: Kyle Standridge Date: 1-26-12
Print Name: Kyle Standridge

TAX OFFICE USE ONLY:

Payment of all property taxes billed to date for the above referenced parcel have been verified as paid current and confirmed by the signature below:

Signature of Tax Official: _____ Date: _____